

Clinic Note - Gastroenterology

OSGOOD, GEORGE BARTON - 4464056

* Preliminary Report *

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*** Preliminary Report ***

REASON FOR VISIT

Follow-up of cirrhosis due to hepatitis C and alcoholism.

HISTORY OF PRESENT ILLNESS

The patient is a 60-year-old man with a history of cirrhosis, currently Child's Pugh Class B score of 7, from a combination of alcohol and hepatitis C. the patient was a heavy drinker, ending at the time of his incarceration in September 2008. His hepatitis C was diagnosed in 2000 and likely secondary to IV drugs, last use in 1976. The patient has had complications from cirrhosis including esophageal varices that were first lower banded in March 2008 in Colorado under the alias of John Ziner and he has had a history of ascites. No history of hepatic encephalopathy. The patient had a surveillance EGD (esophagogastroduodenoscopy) 03/17/09 which demonstrated only F1 varices. He is on propranolol 40 milligrams twice a day with a heart rate of 59.

After last seen, labs we had requested were able to be drawn. The patient does state that he is compliant with his medication. He is compliant with a low-salt diet which is provided by his jail. He does not have access to hepatitis C therapies through jail. He has completed the vaccinations for hepatitis A, per his report, and needs one more vaccination to complete series for hepatitis B, per his report.

The patient does report a prior history of mild mood disorder, but has never been suicidal. He is currently feeling quite well.

REVIEW OF SYSTEMS

No fever, chills, chest pain, shortness of breath, no rashes. Otherwise negative on extensive review.

PAST MEDICAL HISTORY

1. Cirrhosis.
2. History of cirrhotic ascites.
3. History of esophageal varices with bleeding in the past.
4. History of alcoholism, in remission since incarceration September 2008.
5. Hepatitis C.
6. Gastroesophageal reflux disease.
7. Depression in 1984, currently resolved.

PAST SURGICAL HISTORY

None.

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ALLERGIES: IBUPROFEN AND ACETAMINOPHEN.

CURRENT MEDICATIONS

1. Acyclovir.
2. Atenolol.
3. Lasix 40 milligrams per day.
4. Spironolactone 75 milligrams per day.
5. Propranolol 40 milligrams per day.

FAMILY HISTORY

No history of liver disease.

SOCIAL HISTORY

Last IV drug use in 1976. Heavy alcohol for 30 years. Last use he says today was in September 2008. No history of DUIs.

PHYSICAL EXAMINATION

VITAL SIGNS: Temperature 35.9, pulse 59, respiratory rate 20, blood pressure 118/78, weight 78.8 kilograms or 174 pounds.

GENERAL: Alert and oriented times three in no acute distress.

HEENT: Mucous membranes are moist. Normal sclerae, normal conjunctivae.

LUNGS: Clear to auscultation bilaterally.

HEART: Regular rate and rhythm.

ABDOMEN: Soft, nontender, nondistended. Normoactive bowel tones. No organomegaly is appreciated.

EXTREMITIES: No clubbing, cyanosis or edema.

SKIN: There are spider angiomas across the chest.

DIAGNOSTIC STUDIES:

LABORATORY DATA: No new labs to review.

RADIOLOGICAL DATA: I have a copy of an abdominal ultrasound 02/06/09 which demonstrates no evidence of a liver mass. He does have cholelithiasis, otherwise normal biliary system. There is no mention of ascites.

IMPRESSION

1. Cirrhosis.
2. Alcoholism in remission due to incarceration.
3. Hepatitis C.
4. History of variceal bleed in the past.
5. Cirrhotic ascites.

PLAN

1. The patient is clinically stable and I would continue his current medications at the current doses.
2. The patient requires laboratories as below to complete hepatocellular carcinoma surveillance as well as to absolutely investigate possible comorbid liver disease and his current hepatitis C.
3. We will have the patient referred to Hepatitis C Clinic here, as he does not have access to hepatitis C therapy in his current facility and he may very well be incarcerated for as much as 18 months at this point.

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4. Laboratories to include: CBC, differential, electrolytes, BUN, creatinine, liver function tests, TSH (thyroid stimulating hormone), alpha-1 antitrypsin level and phenotype, ANA, AMA, ceruloplasmin, ferritin, iron studies, SPEP, hepatitis C genotype and viral load, alpha-fetoprotein, antiendomysial antibody and IgA level, and urine toxicology screen.
5. Follow-up in Hepatitis C Clinic.

This patient was seen and discussed with Dr. Jeffrey Dunkelberg, who agrees with the above assessment and plan.

Signature Line

Smith, Matthew A MD
House Officer
Department of Internal Medicine

Dunkelberg, Jeffrey C MD, PhD
Associate Professor of Medicine
Division of Gastroenterology & Hepatology

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